

7 OCT 1961  
C.R. 2

THE RURAL DISTRICT OF LODDON

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR THE YEAR 1960.



Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1960.

LOCAL HEALTH (1960)

The estimated population of Loddon District declined from 12,730 in 1959 to 12,710 in 1960. The corrected birth rate 14.7 was lower than that of England and Wales (17.1) while the corrected death rate (9.3) was also lower than that of England and Wales (11.5). The infant mortality rate was 11.7 and compared very favourably with that of England and Wales as a whole i.e. 21.7 (a new low record).

Among the communicable diseases none appeared in epidemic form and total notifications were far below the average for the past five years.



## School Immunisations.

The periodic "prick" by the school medical officer is fast becoming accepted as a routine item in the activities of the term rather than an annual black day tolerated by pupils and teachers alike.

Primary inoculations and boosters for diphtheria, poliomyelitis and tetanus together with skin tests and B.C.G. vaccinations have been established as preventive measures in schools for many years to come. Something approaching 7,000 single injections were given in the 63 schools of Area 5 last year. The inconvenience caused to teachers and their classes by this work is not inconsiderable. Our primary schools, in particular, were never intended as locales for these demonstrations of scientific achievement. It is to be hoped that when the new primary schools materialise proper provision will be made permitting pupils to face official visitors in privacy without causing complete disruption of school routine. Head teachers showed remarkable forbearance when their schools were constantly used as vaccination centres during the anti-poliomyelitis campaign.

The other problem is the attitude of the pupils towards immunisation sessions. The younger children are delightfully calm and co-operative; the "prick" is merely a punctuation mark in the chatter about holidays or presents. Tears are quite exceptional and are shed on occasions by those disappointed because they are NOT on the list. How pleasant to work with children who have learnt to be sensible about it all! Unfortunately, this bright scene unaccountably darkens when it is staged in the Secondary Modern School.

Does failure in the "eleven-plus" signify loss of confidence and self-control in all difficult situations? Why must older school-children delight in creating unnecessary apprehension in their school friends? Remembering his time in the Services does Dad tell Doreen and Dan about his "appalling experiences" when he found himself on the inoculation conveyer-belt? There must be some explanation for the reluctant arrival of these pupils in a state of quivering unwillingness; appearing, as the nurse remarked, not in the order of inclination but disinclination.

How can these children become self-confident and learn self-control? It is very hard to find an answer to this problem. The emotional relationship between the majority of parents and teenage children is so often charged with parental anxiety and a hypercritical attitude on both sides that teenage self-confidence is difficult to acquire at home; failure in the eleven-plus doesn't help the situation. Furthermore, there are still plenty of parents who instinctively over-protect their children when they could render them a far greater service by helping them to face reality with courage. It is also doubtful whether the relationship between teacher and teenage pupil can be depended upon to create self-confidence in the child.

It must now be said that there are senior schools where the self-control and good manners of the pupils are a pleasure to medical workers.

### Poliomyelitis.

The following figures show the decline in notifications of poliomyelitis in England and Wales during the past four years:

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>
1957	4,481	226
1958	1,992	129
1959	1,022	91
1960	528	36 (uncorrected)

A study of the incidence of poliomyelitis in the vaccinated and the unvaccinated population (under 15 years) for the year 1959 has brought the following facts to light:

- (a) The incidence of poliomyelitis was 16.9 per 100,000 in the unvaccinated compared with 2.7 in the vaccinated.
- (b) The success of vaccine in preventing paralysis has been confirmed; the rate for paralytic polio in the unvaccinated was 12.2 while the corresponding figure for the vaccinated was 1.8.
- (c) The risk of contracting paralytic poliomyelitis diminishes with each dose of the three-dose course of vaccine.

In Area 5 the approximate vaccination rate of school children is 90%; the number of pre-school children vaccinated is as high as can be expected in any voluntary system of vaccination. On the other hand it is estimated that the vaccination rate of young adults is no more than 40%.

Details of vaccinations carried out since the vaccination scheme was introduced five years ago are shown in Table 20 in the appendix to this Report.

### Tetanus Immunisation (Area 5)

Routine tetanus immunisation of children continued throughout 1960. 1,823 primary immunisations (three injections) and 56 booster doses were given to school children.



Primary immunisations of infants were maintained at a high level. Many employees of local councils (particularly those at special risk) were included in immunisation programmes.

Particulars of all tetanus immunisations carried out during the period 1958 to 1960 are shown in Table 22 of the appendix to this Report.

Attention must again be drawn to the low position of tetanus in relation to the incidence and death rates of the more serious diseases. In the administrative county of Norfolk there were only two cases of tetanus in 1960; true to the expected fifty per cent fatality rate, one of these was fatal.

#### Influenza Vaccines.

1. Modern techniques have improved influenza vaccines and they are reasonably safe: troublesome reactions may occur in those allergic to the protein in the vaccine.
2. The protective efficiency of an influenza vaccine is about 60 per cent.
3. The duration of immunity given by vaccination is seldom more than one year.
4. The best time for vaccination for preventing winter influenza is the latter part of the preceding autumn, providing always that the vaccine contains the strain of virus implicated in the anticipated outbreak.
5. The prediction of influenza outbreaks cannot be made with certainty and there is always the possibility that new variants of the virus may make the pre-existing vaccines ineffective.
6. There is still uncertainty about the best use of influenza vaccines apart from the fact that there are persons suffering from certain diseases and disabilities whose lives might be greatly endangered by an added influenzal infection.

#### Radiography Surveys and Vaccination in the Control of Tuberculosis (Area 5)

The Mass Radiography Unit visited a number of towns and villages in Area 5 during the year. The object in visiting

villages was to determine to what extent small rural communities (hitherto omitted from surveys) contribute to the general tubercular infection rate of local populations. Results suggest that villages contribute no more and no less than the larger centres.

The response to appeals for volunteers for X-ray was very satisfactory: 3,511 chest X-rays were carried out. Three active cases of lung tuberculosis were detected and seven cases were recommended for Chest Clinic observation. Eleven inactive post-primary cases of tuberculosis were found and the recorded number of other diseases and abnormalities was fifty. Included in "other diseases" was one case of lung cancer.

The mass radiography scheme is valuable in bringing to light symptomless cases both of tuberculosis and malignant disease of the lung.

As in previous years skin testing of children aged 13+ was carried out in senior schools to detect those who had had some contact with the germ of tuberculosis during their lives. Such contact gives a naturally acquired protection. However, there is always some suspicion that a very strong reaction to the test suggests the presence of an active tubercular lesion; strong reactors are therefore advised to have a chest X-ray as a precaution.

Modern methods of treatment and prevention have produced a steady decline in the national incidence of tuberculosis; it is logical, therefore, to look forward to a similar decline in the percentage of "positive reactors" to the skin test. In 1959 the national figure for "positive reactors" amongst school children aged 13+, was 17%. In Area 5 the percentage during the past 4 years is as follows:-

1957	34%
1958	30%
1959	21%
1960	15%

Once the results of the (tuberculin) skin test are known vaccination of those children showing no result from the skin test ("negative reactors") is carried out with the consent of parents. The response of parents to the offer of this vaccination ("B.C.G") is reasonably good, but the acceptance rate (64% in 1960) is not as high as the rate for protective injections provided for school children against other diseases.

#### Food Hygiene.

Food poisoning incidents increase each year in England and Wales; in 1959 there were 7,846 recorded incidents. Certain

foods are rarely implicated in the outbreaks; other foods are frequently involved. Stringent hygienic control of potentially dangerous foods under trained supervisors (from production to special retail premises) might be a policy in the future. The vast amount of effort and legislation which has given us clean milk could cover a wider field. We have a Dangerous Drugs Act, why not a "Dangerous" Foods Act?

#### Council Housing.

Tree felling demands tree planting. The great obstacle to quick slum clearance is the need for building replacement to re-house persons displaced from unfit houses. Demolition and re-building are as inseparable as ways and means.

#### Imported Disease.

As international transport is speeded up we become more vulnerable to imported disease. Typhoid fever may not be very prevalent but no less than one third of the cases notified in this country in 1959 occurred in patients who contracted the disease while abroad. In this connection the official memorandum "Notice to Travellers" which advises on vaccination against the enteric fevers assumes a special importance.

A further aspect of imported disease is the danger of the introduction of tuberculosis (and other diseases) by immigrants reaching the shores of this country. This is a problem which is receiving attention not only from the medical profession but also from interested authorities such as the Rural District Councils' Association.

#### Old Age.

At the present time persons aged 65 years and over amount to nearly 12 per cent. of the total population of England and Wales; of these nearly half a million are house-bound through infirmity. The need for purpose-designed houses for the elderly, incorporated within housing estates, is greater than ever.



## II. STAFF

Mr. K.S. Starling, C.R.S.I., M.S.I.A., M.I.H., assisted by Mr. R.W. Garrood, M.R., San. I., R.S.I.A., continued duties as Public Health Inspectors throughout the year.

## III. VITAL STATISTICS

### (a) Population

The Registrar General estimates the population of Loddon Rural District, in 1960, at 12,710 compared with 12,730 in 1959.

### (b) Births

There were 171 live births recorded during the year; 90 boys and 81 girls. The crude birth rate was 13.5 per 1,000 of the resident population compared with 14.0 in 1959.

### (c) Deaths

Deaths number 130 compared with 152 in 1959; the crude death rate was, therefore 10.2 compared with 11.9 in 1959. There were only 8 deaths of persons under 51 years of age. The greatest number of deaths occurred in the age group 80-90 (41 deaths); in the age group 70-80 there were 40 deaths; there were 7 deaths between the ages 90-100.

The principal cause of death was from diseases of the heart and circulation (80). Cancer accounted for 23 deaths; there were 9 deaths from accidents of which 2 were caused by motor vehicle accidents; there was one suicide.

### (d) Comparability Factor

The comparability factor makes an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. Allowing for this factor the adjusted birth rate for Loddon District thus becomes 14.7 compared with 17.1 for England and Wales and the death rate 9.3 compared with 11.5 for England and Wales.

### (e) Infant Mortality

The infant mortality for Loddon District (deaths of infants under one year per 1,000 live births) was 11.7, compared with a rate of 21.7 for England and Wales. Of the two infant deaths one was caused by lung disease and one death was the result of respiratory failure, following a surgical operation.



#### IV. COMMUNICABLE DISEASES

(a) Sixty-seven cases of communicable diseases were notified by general practitioners during 1960. Twenty of these notifications were scarlet fever, thirteen measles, four whooping cough, twelve cases of pneumonia and seven of dysentery. There were no notifications of diphtheria, poliomyelitis, or food poisoning.

##### (b) Diphtheria

Occasional small outbreaks continue to occur in the more heavily populated areas of England and Wales indicating the necessity for a high immunisation rate in the community. The national immunisation rate for pre-school children is approximately 56 per cent. The immunisation rate in Area 5 compares favourably with this figure and lies between 80 and 90 per cent. Booster doses given to school children in Area 5 in 1960 were double the average figure for previous years (1,233 inoculations); the back-log caused by the anti-poliomyelitis campaign has now been made up.

##### (c) Dysentery

The seven cases notified were connected with a high county and national incidence which began in the autumn of 1959 and extended into the first quarter of 1960.

It may again be said that the spread of this disease is often related to defects in the personal hygiene practices of those who are infected and of their immediate contacts; experience has shown that hand carriage is the main factor in transmission. Precautions taken included searches for carriers, restrictions on contacts and food-handlers and advice with regard to environmental and personal hygiene.

##### (d) Scarlet Fever

Twenty cases were notified. As in previous years this disease continued to appear in its mild form. Control measures against contacts are carried out particularly if food-handlers are involved.

##### (e) Whooping Cough

We have now built up a large population of immunised children with a high degree of protection consequently whooping-cough notifications have declined considerably in recent years. There were four notifications from Loddon District in 1960.

##### (f) Poliomyelitis

There have been no recorded cases in Loddon District since 1955. The total number of primary immunisations given to children in Area 5 from 1956 to 1960 is 8,174;

in addition total booster doses are recorded at 7,180 (the child population of Area 5 is approximately 9,000).

(g) Tuberculosis

In England and Wales the fall in the number of annual deaths from tuberculosis continues. Since 1950 the death rate from respiratory tuberculosis has fallen by 79 per cent. Living conditions of notified cases are investigated; contacts of cases are offered chest X-ray examination and vaccination is given where necessary. Control measures within the community included mass radiography and B.C.G. vaccination of school leavers (13+) where a tuberculin test shows this to be advisable.

There was one new case of lung tuberculosis notified in Loddon District in 1960; one case of non-pulmonary tuberculosis was also notified.

(h) Cancer

The number of cancer deaths in Loddon District was 23 compared with 34 in 1959, or 17.7 per cent of the total deaths. Of the total cancer deaths, two were caused by cancer of the lung (seven in 1959); both of these were males. The national deaths from lung cancer continue to rise.

V. HOUSING

Details of action under this heading are contained in the Public Health Inspector's Report (appended).

In a recent report to the Housing Committee, the Housing Officer provided a detailed analysis of the housing needs of the District; the main requirement is the provision of bungalows and flats for the middle aged and elderly, and the final conclusion of the "Housing Need" report is that 45 new dwellings are required during the next three years: 15 dwellings at Loddon, 15 at Ditchingham and 15 distributed between sites in the eastern and western areas of the District.

The Grouped Homes for Old People project at Scudamore Place, Ditchingham, shows every indication of initial success not only from the point of view of individual health and welfare but also as a means of providing social happiness for the whole group. Your Council is to be congratulated in losing no time in approving a similar scheme (for construction in 1961) very suitably sited near the centre of Loddon town.

The policy of improving pre-war Council houses by providing modern sanitation and proper drainage continued throughout the year.

VI. WATER SUPPLIES

Bacteriological and chemical examinations of your

Council's water supply continued to give satisfactory results throughout the year.

Further information under this heading is contained in the Public Health Inspector's Report (appended).

#### VII. SEWAGE DISPOSAL SCHEMES

The completed sewerage scheme for the Kirby Cane - Ellingham - Gillingham areas has been submitted to the Ministry for approval.

Proposals for a sewerage scheme covering the Norton - Thurlton areas have been submitted to the County Council.

#### PERSONAL

I wish to thank the Chairman and the Clerk of the Council, and the Chairman and members of the Public Health Committee for their continued support and kindness. I wish also to thank the Public Health Inspectors, the Council staff and the Clerical staff at the Health Office, Norwich, for the efficient and generous help given to me throughout the year.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

*W E Holmes.*

Local Health Office,  
Aspland Road,  
Norwich.



LODDON RURAL DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres)	60,406
Estimated Resident Population	12,710
Rateable Value	£84,623
Sum produced by a Penny Rate	£332

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	86	76	162
Illegitimate	4	5	9
Totals	90	81	171

Live Birth Rate per 1,000 of estimated Resident Population = 13.5

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	-	2	2
Illegitimate	-	-	-
Totals	-	2	2

Still Birth Rate per 1,000 total births = 11.6

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	90	81	171
Still	-	2	2
Totals	90	83	173

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Totals	1	1	2

Infant Mortality Rates;

Total = 11.7 (per 1,000 live births)  
 Legitimate = 12.3 (per 1,000 legitimate births)  
 Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-

Neo-Natal Mortality rate (per 1,000 live births) = 5.8

(c) Early Neo-Natal Mortality (Deaths of infants under 1 week)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-

Early Neo-Natal Mortality rate (per 1,000 live births) = 5.8

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	1	2	3
Illegitimate	-	-	-

Perinatal Mortality rate (per 1,000 total births) = 17.3

Table 6. ILLEGITIMATE BIRTHS

Males - 4      Females - 5      Total - 9 = 5.3% of Total Live Births

Table 7. MATERNAL DEATHS (including abortion) - NIL

Maternal mortality rate per 1,000 total births = 0.0

Table 8. DEATHS (All ages)

Males	Females	Total
67	63	130

Crude Death Rate per 1,000 of estimated Resident Population = 10.2

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Bronchiolitis	-	1	1
Respiratory failure (following opn.)	1	-	1
Totals	1	1	2

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR  
(According to Age Groups)

	Males	Females	Total
Under 1 year	1	1	2
1 and under 5	-	-	-
5 " " 10	-	-	-
10 " " 20	-	-	-
20 " " 30	-	-	-
30 " " 40	2	1	3
40 " " 50	2	1	3
50 " " 60	4	6	10
60 " " 70	13	11	24
70 " " 80	21	19	40
80 " " 90	21	20	41
90 " " 100	3	4	7
100 and over	-	-	-
Totals	67	63	130

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
1. Tuberculosis, respiratory.	-	-	-
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infection.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	3	-	3
11. Malignant neoplasm, lung, bronchus.	2	-	2
12. Malignant neoplasm, breast.	-	1	1
13. Malignant neoplasm, uterus.	-	1	1
14. Other malignant and lymphatic neoplasms.	5	11	16
15. Leukemia, Aleukemia.	1	-	1
16. Diabetes.	1	-	1
17. Vascular lesions of nervous system.	10	11	21
18. Coronary disease, angina.	11	16	27
19. Hypertension with heart disease.	-	3	3
20. Other heart diseases.	13	7	20
21. Other circulatory diseases.	3	6	9
22. Influenza.	-	-	-
23. Pneumonia.	4	3	7
24. Bronchitis.	-	-	-
25. Other diseases of respiratory system.	2	-	2
26. Ulcer of stomach and duodenum.	-	-	-
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	-	-	-
29. Hyperplasia of prostate.	1	-	1
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	-	-	-
32. Other defined and ill-defined diseases.	4	1	5
33. Motor vehicle accidents.	2	-	2
34. All other accidents.	4	3	7
35. Suicide.	1	-	1
36. Homicide and operations of War.	-	-	-
Totals	67	63	130



Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1954	1955	1956	1957	1958	1959	1960
<u>Live Births (per 1,000 pop)</u>	(181)	(163)	(191)	(172)	(174)	(178)	(171)
Loddon R.D.	14.1	12.8	14.9	13.5	13.6	14.0	13.5
Area 5.	13.4	14.3	14.2	13.3	14.9	13.7	14.1
England & Wales (provisional)	15.2	15.0	15.7	16.1	16.4	16.5	17.1
<u>Still Births (per 1,000 total births)</u>	(4)	(4)	(7)	(6)	(3)	(4)	(2)
Loddon R.D.	21.6	23.9	35.3	33.7	16.9	22.0	11.6
Area 5.	26.0	20.8	23.7	22.0	9.9	19.9	20.7
England & Wales (provisional)	24.0	23.1	23.0	22.4	21.6	20.7	19.7
<u>Crude Deaths (per 1,000 pop)</u>	(131)	(125)	(143)	(140)	(133)	(152)	(130)
Loddon R.D.	10.2	8.8	11.2	10.9	10.4	11.9	10.2
Area 5.	11.6	11.8	11.4	11.1	12.1	12.4	11.8
England & Wales (provisional)	11.3	11.7	11.7	11.5	11.7	11.6	11.5
<u>Infant Mortality (per 1,000 live births)</u>	(2)	(3)	(2)	(2)	(1)	(5)	(2)
Loddon R.D.	11.0	18.4	10.5	11.6	5.7	28.0	11.7
Area 5.	7.1	19.0	20.8	15.0	8.3	25.4	14.1
England & Wales (provisional)	25.5	24.9	23.8	23.0	22.5	22.0	21.7

NOTE; 1. Figures in brackets are the actual numbers for Loddon R.D.  
2. Area 5 comprises Depwade & Loddon R.Ds. and Diss & Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER - Loddon R.D.

	1954	1955	1956	1957	1958	1959	1960
Number of deaths.	28	21	15	16	19	34	23
Percentage of total deaths.	21.3	16.8	10.5	11.4	14.3	22.4	17.7

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Loddon R.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1960	67	10	2	63	13	-
1959	75	17	7	77	17	-
1958	75	9	3	58	10	1
1957	72	6	1	68	10	-
1956	74	7	2	69	8	-
Totals	363	49	15	335	58	1

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS - Loddon R.D.

	Under 1	1 - 4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	1	5	14	-	-	20
Measles	-	4	7	2	-	13
Whooping Cough	2	-	2	-	-	4
Pneumonia	2	2	2	-	6	12
Infective Jaundice	-	-	1	-	4	5
Erysipelas	-	-	-	-	5	5
Dysentery (Sonne)	-	1	2	1	3	7
Food Poisoning	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	1	-	1
Poliomyelitis	-	-	-	-	-	-
Totals	5	12	28	4	18	67

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Loddon R.D.

	1956	1957	1958	1959	1960
Scarlet Fever	36	17	23	30	20
Measles	38	123	157	36	13
Whooping Cough	17	11	7	12	4
Pneumonia	8	10	12	13	12
Infective Jaundice	3	3	1	1	5
Erysipelas	4	1	1	1	5
Dysentery (Sonne)	10	-	-	9	7
Food Poisoning	2	6	3	3	-
Puerperal Pyrexia	2	1	1	4	1
Pittacosis	-	3	-	-	-
Poliomyelitis	-	-	-	-	-
Acute Encephalitis (post infectious)	-	-	-	1	-
Paratyphoid	1	-	-	-	-
Totals	121	175	205	110	67

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS Loddon R.D.

	1956	1957	1958	1959	1960
Pulmonary					
Male	4	-	1	2	1
Female	1	3	2	-	-
Non-Pulmonary					
Male	1	-	-	-	1
Female	-	2	-	-	-
Loddon R.D. Total	6	5	3	2	2
Area 5. Total	17	18	8	7	13

Table 18. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

	Primary Injections			Booster Injections		Total
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14	
1960	357	472	314	27	1,233	2,046
1959	302	466	23	20	74	583
1958	283	401	60	28	416	905
1957	347	447	76	54	773	1,350
1956	390	523	139	62	886	1,610

Table 19. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Loddon R.D.					Area 5.				
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
Number of live births registered.	191	172	174	178	171	576	533	599	551	567
Number of vaccinations recorded (0-4 years)	147	156	156	140	170	500	410	445	472	508
Percentage vaccinated.	77	91	90	79	100	87	77	74	86	89

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and booster injections given in Area 5 during the last five years.

	Primary			Booster			Totals
	Age 0-4	Age 5-14	Adults	Age 0-4	Age 5-14	Adults	
1960	397	227	853	660	566	1,636	4,339
1959	593	677	2,220	1377	3,261	864	9,492
1958	1,648	3,159	154	32	1,284	2	6,279
1957	197	1,115	-	-	-	-	1,312
1956	40	121	-	-	-	-	161



Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5. Although whooping cough was included in the County Council's immunisation scheme in May 1953, notification was on a voluntary basis until August 1957, when the combined vaccine (diphtheria/whooping-cough) was officially approved. A very high percentage of the immunisations recorded 1954 to 1957 were given by means of this combined antigen.

Year	Under 1	Age 1-4	Age 5-14	Totals
1960	368	100	124	592
1959	318	227	16	561
1958	265	106	8	379
1957	329	89	7	425
1956	329	117	-	446

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last two years. Immunisation against this disease was included in the County Council's immunisation scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1960	374	198	1,823	691	22	56	87
1959	307	258	218	144	11	27	39